

BEST AVAILABLE CC.

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)		10/070092	
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	IND.	DEP.	IND.	DEP.
1	/					51			
2		/				52			
3		/				53			
4		/				54			
5		/				55			
6		/				56			
7		/				57			
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42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	3					TOTAL IND.			
TOTAL DEP.	04					TOTAL DEP.			
TOTAL CLAIMS	/	/	/	/	/	TOTAL CLAIMS	/	/	/